

Maine Weekly Influenza Surveillance Report

March 26, 2019

For MMWR week 12 (ending 03/23/2019)

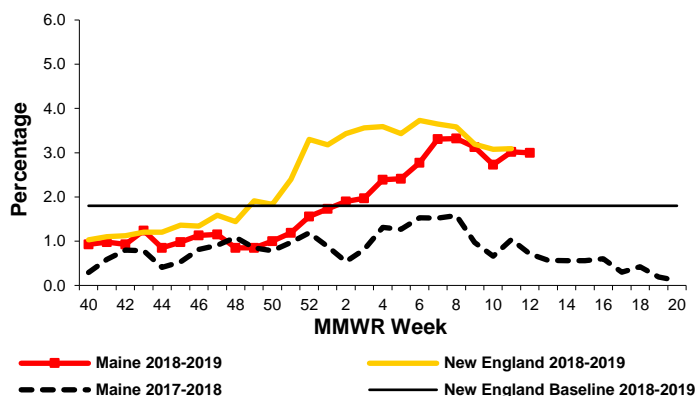


Federal Flu Code: Widespread

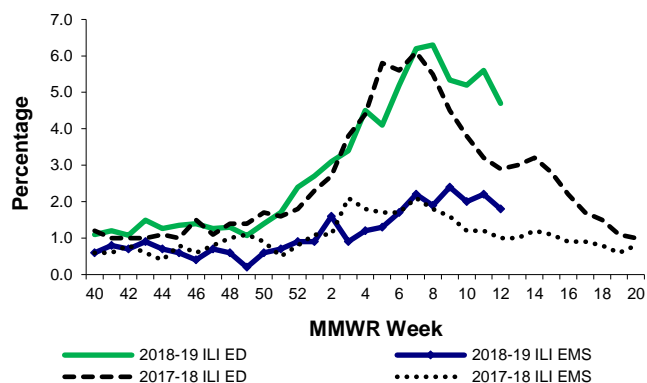
Surveillance Information – Maine, 2018-2019 Influenza Season

- Number of ILINet Providers reporting: 49
 - % of visits for Influenza-Like Illness (ILI): 3.0
- Syndromic Surveillance
 - % of Emergency Room visits for ILI: 4.7
 - % of Emergency Medical Services (EMS) runs for ILI: 1.8

Outpatient Visits for ILI – Maine, 2017-19



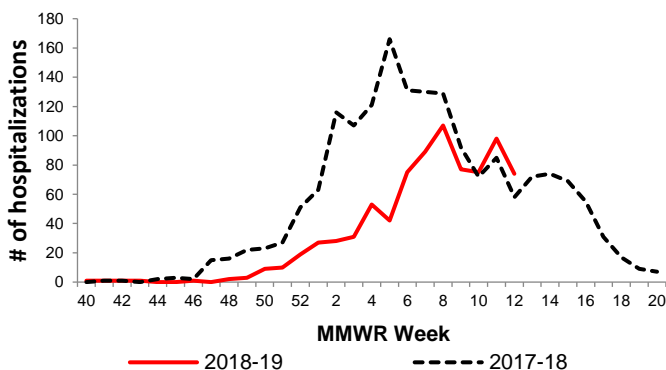
Syndromic Surveillance data for ILI – Maine, 2017 -19



Influenza Hospitalizations

- # of hospitalizations: 74

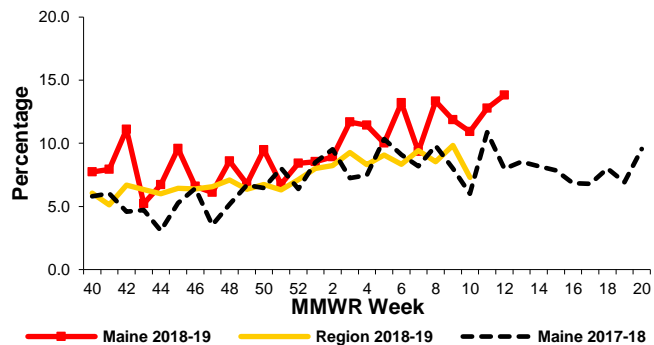
Influenza Hospitalizations – Maine, 2017-19



Pneumonia and Influenza (P&I) Deaths

- % of deaths due to P&I: 13.8
- # influenza deaths reported this week: 4
- Total influenza deaths this season: 33

Deaths Attributable to P&I – Maine, 2017-19

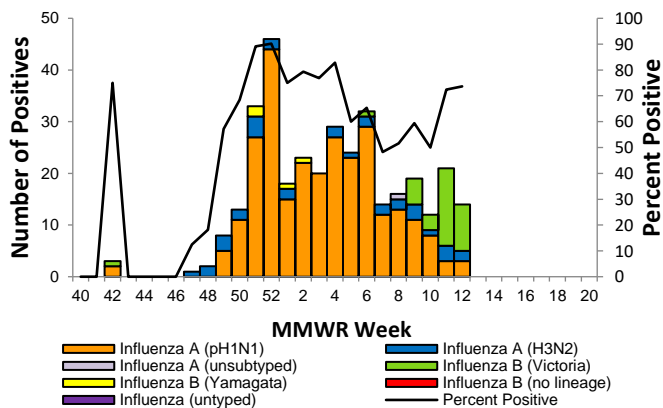


*This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I) deaths.

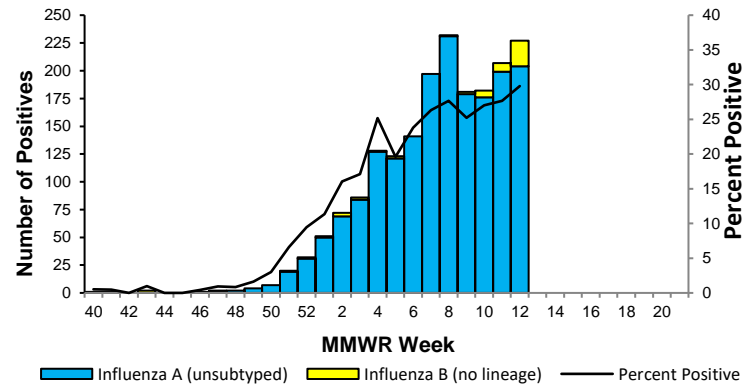
Lab Data – Maine, 2018-2019 Influenza Season

- # of samples tested at HETL: 19
 - # positive: 14
 - % positive: 74
- # of samples tested at Maine Reference Labs: 762
 - # positive: 227
 - % positive: 29.8
- # of samples positive by rapid antigen test: 279

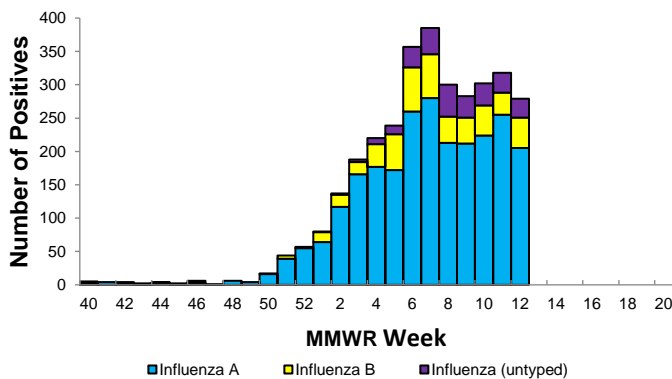
Positive PCR Samples for Influenza, HETL – Maine, 2018-19



Positive Samples for Influenza, Maine Reference Labs – Maine, 2018-19

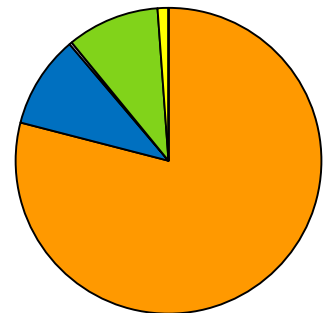


Positive Influenza Rapid Antigen Tests – Maine, 2018-19



Cumulative Influenza Positive Tests by Strain, HETL – Maine, 2018-19

- Influenza A (pH1N1)
- Influenza A (H3N2)
- Influenza A (unsubtyped)
- Influenza B (Victoria)
- Influenza B (Yamagata)
- Influenza B (no lineage)
- Influenza (untyped)



Antiviral Resistance – Maine, 2018-19 Influenza Season

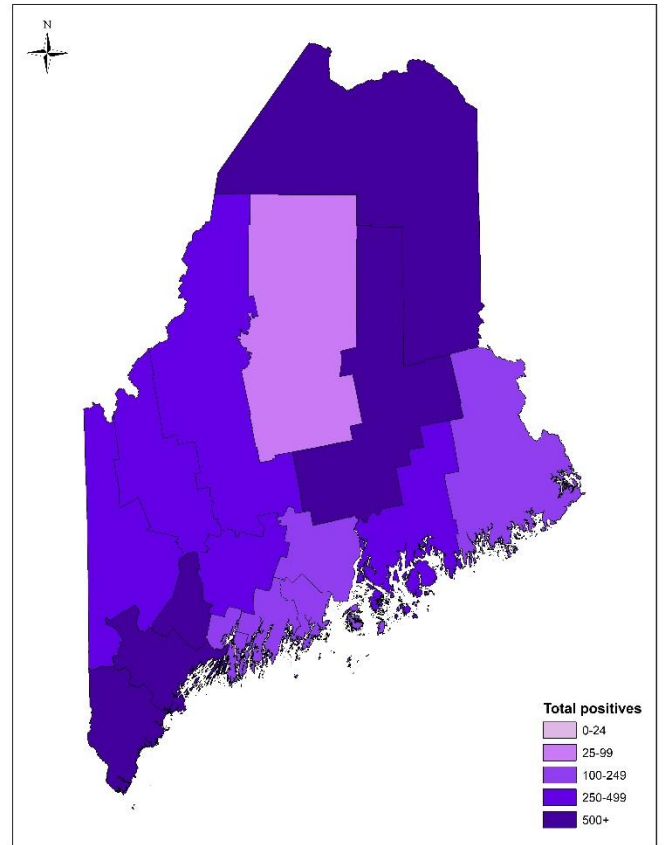
- # of Influenza A (pH1N1) samples tested for Tamiflu resistance at HETL: 147
 - # with resistance: 0
- # of Influenza A (H3) samples tested for Tamiflu resistance at HETL: 10
 - # with resistance: 0

Geographic Distribution of Lab Tests, Maine 2018-19*

County	Positive labs		Hospitalizations	
	Tested this week	Total	New this week	Total
Androscoggin	101	1120	3	79
Aroostook	60	553	6	22
Cumberland	88	1076	16	172
Franklin	7	266	5	38
Hancock	47	299	12	36
Kennebec	36	436	1	70
Knox	19	175	0	20
Lincoln	14	174	4	26
Oxford	28	438	4	61
Penobscot	163	1034	12	96
Piscataquis	8	44	1	6
Sagadahoc	7	150	1	37
Somerset	54	354	5	40
Waldo	18	182	2	13
Washington	21	114	1	16
York	105	1401	1	92
Total	776	7816	74	824

*Only reported PCR, culture, and rapid antigen tests are included in the chart and map.

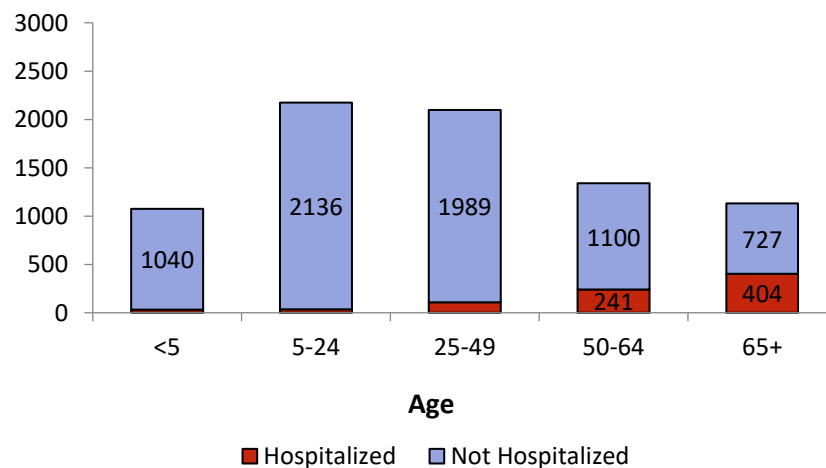
Positive Influenza Tests, Maine 2018-19



Age Information – Maine, 2018-19 Influenza Season

	Cases	Hospitalizations	Deaths
Minimum Age	2 days	2 days	40 years
Mean Age	34 years	60 years	75 years
Maximum Age	102 years	102 years	98 years

Positive Influenza Tests by Age – Maine, 2018-19



All data is preliminary and subject to change

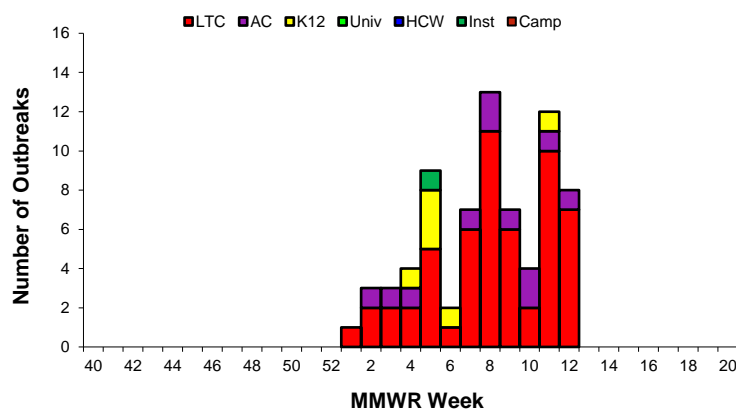
Antigenic Characterization (Vaccine Strain Match)

- Federal CDC has antigenically or genetically characterized 1656 influenza viruses from September 30–March 16, 2019.
 - 96.9% of influenza A/H1N1 samples match the vaccine strain
 - 60.5% of influenza A/H3N2 samples match the vaccine strain
 - 81.5% of influenza B/Victoria samples match the vaccine strain
 - 100% of influenza B/Yamagata samples match the vaccine strain
- Antigenic characterization shows if the circulating strains are the same strains that were used to make the vaccine. This does not tell you how effective the vaccine is at creating an immune response. For current vaccine effectiveness rates visit <https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a2.htm>.

Influenza-Like Illness Outbreaks – Maine, 2018-19 Influenza Season

- # new outbreaks: 8
- Total outbreaks 2018-19 season: 73

Influenza-Like Illness Outbreaks by Facility Type – Maine, 2018-19



Outbreak Facility Type Key:

LTC - Long Term Care Facility
 AC - Acute Care Facility (nosocomial)
 K12 - School (K-12) or daycare
 Univ - School (residential) or University
 HCW - Health care workers
 Inst - Other institutions (workplaces, correctional facilities etc)
 Camp - Camp

Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2018-19

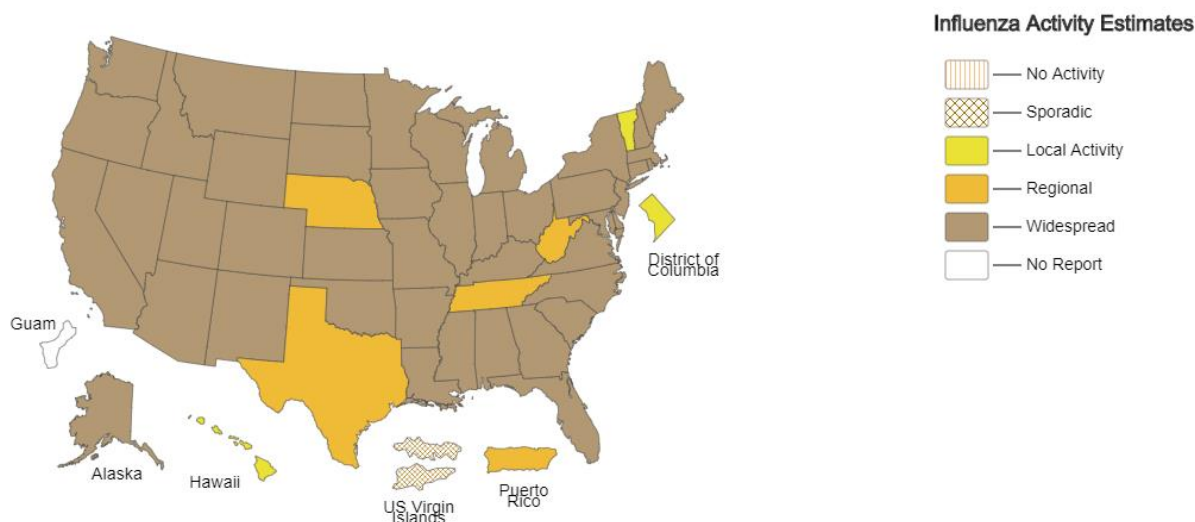
County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin	7	3	0	0	0	0	0	10
Aroostook	7	0	0	0	0	0	0	7
Cumberland	16	2	0	0	0	1	0	19
Franklin	2	0	0	0	0	0	0	2
Hancock	1	1	0	0	0	0	0	2
Kennebec	4	3	0	0	0	0	0	7
Knox	2	0	0	0	0	0	0	2
Lincoln	0	0	0	0	0	0	0	0
Oxford	3	0	0	0	0	0	0	3
Penobscot	4	2	1	0	0	0	0	7
Piscataquis	1	0	0	0	0	0	0	1
Sagadahoc	0	0	1	0	0	0	0	1
Somerset	4	0	0	0	0	0	0	4
Waldo	0	0	1	0	0	0	0	1
Washington	0	0	0	0	0	0	0	0
York	4	0	3	0	0	0	0	7
Total	55	11	6	0	0	1	0	73



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

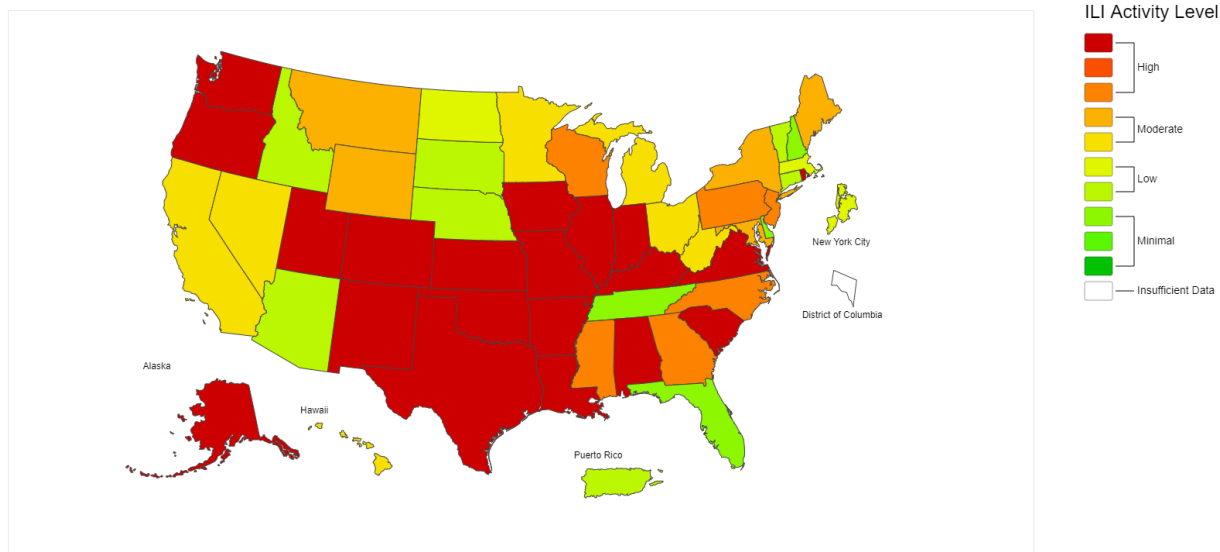
Week Ending Mar 16, 2019 - Week 11



*This map indicates geographic spread and does not measure the severity of influenza activity.



2018-19 Influenza Season Week 11 ending Mar 16, 2019



*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.
*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.
*Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.
*Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.
*For the data download you can use Activity Level for the number and Activity Level Label for the text description.